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APPLICANTS

Huw K. Thomas, New York, NY;

Ziad N. Saval, River Edge, NJ;

** CONTINUING DATA *****

NONE

AC

** FOREIGN APPLICATIONS *****

NONE

AC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>AC</i>	NY	4	37	3

ADDRESS

021323

TESTA, HURWITZ & THIBEAULT, LLP

HIGH STREET TOWER

125 HIGH STREET

BOSTON, MA

02110

TITLE

System and method for MAPI client server communication

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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